



# ***Competence Assurance***

## **Accreditation Program**

### **APPLICATION FOR ACCREDITATION Form CAA-03**

#### **PART 1 – BUSINESS INFORMATION PART 2 – PROGRAM DESCRIPTION**

#### **PURPOSE**

To facilitate processing of an accreditation application, this form must be used by the applicant to describe the structure, format, and administration of its Competence Assurance Program. Please follow the instructions provided for each section. All responses (except signatures) should be printed or typed.

**All items in this document must be completed unless indicated otherwise. If an item is not applicable, it should be marked N/A.** This booklet may be disassembled and portions copied as needed to allow the applicant to provide all requested information. When returning this document to IADC, please securely affix attachments.

For the most expedient results, this form and attached materials should be submitted in English. IADC will accept submissions in other languages, but processing of these applications may be delayed by translation.

**PART 1 – BUSINESS INFORMATION****ACCREDITABLE UNIT** (Name of business or institution)**PARENT ORGANIZATION** (if different from accreditable unit)**STREET ADDRESS** (For Location of Program's Administrative Office)**CITY:****STATE:****ZIP OR POSTAL CODE:****COUNTRY:****PRIMARY CONTACT INFORMATION**

Name:

Telephone:

Title:

E-mail:

**TYPE OF ORGANIZATION**

- |   |   |
|---|---|
| <input type="checkbox"/> Drilling Contractor          | <input type="checkbox"/> Production Company |
| <input type="checkbox"/> Ancillary Service Contractor | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Operator                     |   |

**GEOGRAPHICAL EXTENT OF PROGRAM'S APPLICABILITY**

List all training locations or geographical areas of company's operations that are encompassed in this program (i.e., states, regions or nations covered by this application):

\_\_\_\_\_

**TYPE OF PROGRAM**

- Operator or drilling contractor in-house program
- Ancillary Service Contractor in-house program
- Other \_\_\_\_\_

**ACCREDITATION** New application for IADC accreditation Reapplication of previously accredited program

Are any other registrations, certifications or accreditations currently held (i.e., ISO 9001, national training registration, IADC WellCAP, etc.)? If yes, specify:

\_\_\_\_\_

**The applicant certifies that the information contained herein is accurate and releases the officers and agents of IADC from liability as a consequence of this accreditation application and/or site visits of the program.**

**Authorized Signature****Date:**

## **PART 2 – PROGRAM DESCRIPTION**

**The applicant is to provide a narrative and/or attachments for the following elements of the Competence Assurance Program**

**1.0 Training and Competence Policy and Procedures Document – State your company’s Training and Competence policy and provide a reference to the written procedures that document scope, responsibilities, and procedures in place to ensure compliance with the policy:**

**2.0 Resources to Support Competence Assessment Process – Describe resources available for the execution of this program. This might include assessment process (i.e., competence standards (if externally set by regulatory requirement or other means), physical resources (i.e., training facilities, training materials, simulators, employee records, etc.), personnel (assessors, instructors, etc.), and support systems:**

**3.0 Define Competencies – Give overview of competence assurance process and explain how competencies are defined and approved:**

**4.0 Assessment System** – Describe method for determining an individual’s competence (i.e., observation, simulation, questioning, records) and describe assessor’s qualifications requirements:

**5.0 Identify Job Position(s) addressed by Program** – Include position title(s), brief description of position(s), and a list of required competencies for each position. If multiple positions are included in this program, provide required competencies for at least two positions contained in the above list (preferably one non-supervisory level and one supervisory level position):

**6.0 Assessment Tracking** – Describe method(s) of documenting competencies and competence assessments:

**7.0 Quality Assurance** – Describe the process used to audit or verify, report, and respond to discrepancies or otherwise determine compliance with the Training and Competence Policy and Procedures. Identify the person(s) responsible for Quality Assurance, qualifications of that person(s) and the frequency of audits: